

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32	1					
33		1				
34						
35						
36						
37						
38						
39						
40						
41						
42		1				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53	1					
54						
55		1				
56						
57						
58						
59						
60						
61		1				
62						
63						
64		1				
65						
66						
67						
68						
69						
70		1				
71	1					
72						
73						
74		1				
75		1				
76						
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88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	31					
TOTAL CLAIMS	35					